

Alternative Practice Setting Experience for CNA Instructor Applicants

Applicants to become CNA course Instructors must meet federal and state qualification requirements. In some cases, applicants have difficulty documenting all applicable qualifications. Consideration may be given to experience in a (state licensed) setting which demonstrates long-term, geriatric nursing care (BHF Regulation Interpretation No. 00-7). At the request of the applicant, KDHE will review information submitted directly from employer(s). If it can be determined, based upon this documentation, that experience is substantially equivalent to the requirements specified in regulation, the applicant may be approved.

Instructor Information

Name: _____ Phone Number _____

Address: _____

Employer Documentation Requirements

Two items of information are required to be submitted to Health Occupations Credentialing by an administrative or medical records representative: **(1) Practice Setting narrative report, (2) Checklist** (below). Please report information under **(1) Practice Setting separately in narrative format**. The narration should include objective data which supports or delineates the type of setting in which the applicant practiced.

- (1) Practice Setting. Identify the applicant, dates of employment, number of hours per week and estimated weeks employed (in total). **In your attached report**, please describe the following objectively, with supporting data for the time period the applicant was employed:
 - type of practice setting
 - patient/resident average census
 - frequency of and type of procedures related to geriatric, or long-term care
 - average length of stay in the setting
- (2) Checklist. Verify, where applicable, information about the applicant's experience with caring for an elderly population, providing the following types of care (please mark and comment as appropriate).

Return this page and completed "Practice Setting" report and "Alternate Setting Nursing Experience" to:

CNA Instructor Approval
Kansas Department of Health and Environment
Health Occupations Credentialing
1000 SW Jackson, Suite 200
Topeka KS 66612-1365

Checklist/verifying documentation

Description of nursing or nursing related care at: Name of facility/city/state	Applicant experience? Mark all- with Yes or No	Optional-- additional specific information
Clients with extended or long-term stays		
Promoting client independence		
Respecting clients' rights		
Basic nursing skills which should include: taking & recording vital signs, measuring & recording height & weight, caring for client's environment, recognizing abnormal changes in body functions, & caring for person when death is imminent.		
Personal care skills which should include: bathing, grooming, mouth/oral care, dressing, toileting, assisting with eating & hydration, feeding clients, skin care, and transfers & positioning.		
Mental health and social service needs which may include tasks such as giving an appropriate response to client behaviors, assisting & supporting the developmental tasks associated with aging, allowing client to make personal choices, and providing care & reinforcing behaviors that are consistent with client dignity.		
Care of cognitively impaired adult client		
Basic restorative services which may include tasks such as training client in self-care to the clients' abilities, use of assistive devices (such as walkers, large-grip utensils, toilet seat risers, hand-rails), maintaining proper range of motion, bowel & bladder habits/training, and use of prosthetic & orthotic devices.		
General infection control		
Safety/emergency procedures		
Communication and interpersonal skills		

This form is in reference to employment of: _____ who has applied to KDHE to be an approved CNA course instructor. I have completed this form accurately and can substantiate this information if necessary: Instructor's phone number: _____

(Name of person completing form/title/date)

(Name of facility)

KDHE REVIEWER: _____/date_____

' APPROVED

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NOT

APPROVED/COMMENTS: